

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																															
1. Date of Request: <u>7-14-08</u>		2. Serial/Patent # <u>10/519848</u>																																																													
3. Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10px; text-align: center;"><input checked="" type="checkbox"/></td><td style="padding: 2px;">Filing</td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%; text-align: right;">\$ 100</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing				\$ 100	<input type="checkbox"/>	Amendment				\$	<input type="checkbox"/>	Extension of Time				\$	<input type="checkbox"/>	Notice of Appeal/Appeal				\$	<input type="checkbox"/>	Petition				\$	<input type="checkbox"/>	Issue				\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.				\$	<input type="checkbox"/>	Maintenance				\$	<input type="checkbox"/>	Assignment				\$	<input type="checkbox"/>	Other				\$	4. PAPER NUMBER	5. DATE FILED	6. AMOUNT
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7. TOTAL AMOUNT OF REFUND		\$ 100																																																													
8. TO BE REFUNDED BY:																																																															
10. REASON:		Treasury Check																																																													
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:																																																													
<input type="checkbox"/> Duplicate Payment		9. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				--																																																									
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<input type="checkbox"/> No Fee Due (Explanation):																																																															
<div style="font-family: cursive; font-size: 1.2em;">Credit Card Refund</div>																																																															
11. REFUND REQUESTED BY:																																																															
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>																																																													
SIGNATURE: <u>John L. Anderson</u>		PHONE: <u>308-9140 ext 211</u>																																																													
OFFICE: <u>PCI DO/EO</u>																																																															
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																															
APPROVED: _____		DATE: _____																																																													

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: